

14
8

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	bwh		04-05-01
O.I.P.E. CLASSIFIER	E (Ap)	11	3/3/2001
FORMALITY REVIEW	M/R	954	3/12/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final Original	12/6/01
1	V V V
2	V V V
3	NNN
4	MM
5	MM
6	NN
7	NN
8	NN
9	NNN
10	DDD
11	DDD
12	DDC
13	DDC
14	DDC
15	DDC
16	DD
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
Final Original	S1
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
Final Original	101
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

1/3

BEST AVAILABLE COPY